TION is very important. See instructions on back of certificate.

should state

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATTI 19453
County Salles	Registration Dist. No. 292
Village or City Near Snappe	No. St. Ward
(If Length of residence in city or town where death occurred 1 yrs 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Carles Livered	Baules
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Struber 24 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 24th 1933	I last saw have alive on 1934, to 1934, 1934; death is said
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above at 2.3.2 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Sastroenleretis 34/15/0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	Wille de peresta from de la frateir
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Near Grappy md (State or country)	Other Contributory Causes of importance:
E Carlo	
14. BIRTHPLACE (city or town) May Draffu (State or country)	Name of operation
15. MAIDEN NAME EMMA L. Freeman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mad Swappe Md	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Ruley Dauly (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place smaple Med Date Dept 25, 1934	Nature of Injury
19. UNDERTAKER M. E. Treuman Low (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 75, 1934 Jorel alore Registrar.	(Signed) Villiam D. Deymour M. D.
	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis S A IVS	3 days ago
		9551 8 100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLAINLY, WI

V. S. No. 1 N. B. should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1945.1
1. PLACE OF DEATH	(F)
County 19100 t	Registration Dist. No. 290
Village or City Santau Ma.	No./Muchin Hispital st word
(If	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How lond in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOINES DECK	C. J. C.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Mit OR DIVORCED (write the word)	Scothill 1 193 4 (Worth
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY That lattended decessed from
6. DATE OF BIRTH (month, day, and year) 1968111 47 73- 1979	I fast saw h. W.A. alive on ARVA: 1954: death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
9 Trade professor or continue	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 nd 73 rd degree brum of 9634
Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business In which work wes done, as SPINK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month add)	back abolioner arms o beggs
SAW MILL, BANK, etc	
this occupation (month and spent in this year)	
C. MALLE MA	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME TACMAD () DECK O	
13. NAME \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of operation.
(State or country)	Will 1 . 1
E 15. MAIDEN NAME WAGGE PONCH.	23. If death was due to external causes (VIONENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Min WWY MA	Accident, suicide, or homicide? LICCIALLY Date of Injury 9 6 19 34
≤ (Stete or country)	Where did injury occur?
17, INFORMANT COS Que Que y Hock to	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Saalan Mo	Sanning Factory - Public Place
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury 1811 M. Real A 419 Mator
Place Collord Will Day 18 7 197	Nature of injury 2 12 - 3 2d. degree Tulia-tack-aldanen,
19. UNDERTAKER Ja Virgil Muram	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Dertan. Lest.	If so, specify 2
20. FILEO. 9/2 , 1984 M. St. Meirica	(Signed) M. D.
Registrar.	(Address) Status and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	71	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

should state

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1. PLACE OF DEATH	46
County - /A/bot	Registration Dist. No. 290
Village or City EASTON	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) 26 ds. How long in U.S. if of foreign birth?
2. FULL NAME ANNA HULL CHASSI	
(a) Residence: No.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE VAITE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Again &	21. DATE OF DEATH 28 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WM Pratt Chassinch	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 2 -1865 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h 22 alive on 2 - 27 - , 19 3 4; death is said to have occurred on the dete steted above, et 2 - 2 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, House KEEPER SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset 1933
A. Hade, professing of particular to the work done, as SPINNER, House KEEPBR SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and the spent in this spant in this	Ture varouting shippindine 7-25-3
12. BIRTHPLACE (city or town) = A > tow (State or country) TAIGOT (O. Md.	Other Contributory Causes of importance:
13. NAME SAMUEL Hull 14. BIRTHPLACE (city or town) EAST UN.	and the state of t
4 14. BIRTHPLACE (city or town) A T C C C (State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME SARAh Elizabeth Dunning	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Danton (Stete or country) Carolina (a. Maryland) 17. INFORMANT (Address)	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Date Och 1 ,1934	Mannar of injury
19. UNDERTAKER JAD. H. Spence, (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
10. FILED 9/29, 19.3 4 M. M. Mersey Registrar.	(Signed) M, D. (Address) Eastern 2nd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation:

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	I		Example II		
The principal cause of death and of importance were as follows;	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	h	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	g 1934	July 5,1927	Peritonitis	3 days ago	
120 (15)	PAULVESE	13			
Other contributory causes of imp	oortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Talbot	Registration Dist. No. 291
Village or City Michaela (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,bmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clauden Whose	4
(a) Residence: No. alteritationals (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a: If married, widowed, or divorced HUSBAND of (or) WIFE of Rev Harry Chesley	22. Selit 15 1934 to Selit 20 1934
6. DATE OF BIRTH (month, day, and year) May 26 1856	I last saw her alive on Selit 20 19 34, death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at. 3. A.m.
78 3 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, stofession, or particular kind of work done as SPINNER, ADMANDED SAWTER, BOOKKEEPER, etc.	Cerebral heworhays sett 15
9. Industry or business in which work was done, as SILK MILL,	
kind of work deeg as SPINNER, SAWTER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Janguer Cp. Va	Other Contributory Causes of importance:
(State or country) 13. NAME WILLIAM STATE STATE	When sclerour
14. BIRTHPLACE (city or town) Janques Go	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 240
16. BIRTHPLACE (city or town) Lauguer Co-	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sauguer 40-	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT & Carry Chesley	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of michaele Date Styl 22 1934	Nature of injury
19. UNDERTAKER / lunam + Harrisons (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dept 21, 1934 John Hurrales Registrar.	(Signed) (St. Michaels, M.D. (Address) St. Michaels, Md
If more blanks are needed address State Registrary	2477 N. Charles Street Baltimore, Requesting 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
N 11 4. 5			
Other contributory causes of importance:	467 52	Other contributory causes of importance:	COLUMN TO SERVICE
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
20	
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	-CERTIFICATE OF DEATH 09457
1. PLACE OF DEATH County Julian	3
Village or City	Registration Dist. No.
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Turney Code	os
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 9 (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, end year) Subst 9-1934	I lest saw h alive on 19 death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occurrence for most and the constitution of the	Prematire birthe 4thing
10. Date deceased last worked at this occupetion (month and year) occupetion	
12. BIRTHPLACE (city or town) Office (Stata or country)	Other Contributory Causes of importance:
13. NAME Talter Harrier Corle	
13. NAME Taller Have Gorge 14. BIRTHPLACE (city or town) (State or country)	Nama of operetion Date of What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Golde Strel Tole	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Soldie Strell Tile 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
2 (Stata or country) 17. INFORMANT (Address)	Whare did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Placa Date July 19	Manner of injury
19. UNDERTAKER Hall 7 Cole will have a control of the cole of the	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED. Sept 9-, 19 3 & Jorde a Book Registrar.	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsur 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	
County Salbot	Registration Dist. No. 294
Village or City Offord	No. S War
Length of residence in city or town where death occurred 42 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Late & Saw	son
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	22. I HEREBY CERTIFY, That I attended deceased from 1930 to 1934; death is said to have occurred on the date stated above, at 2307, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation work was done, as SILK MILL, SAW MIL	Other Contributory Causes of Importance:
12. BIRCHPLACE (city or town) (State or county) 13. NAME 13. NAME 13. NAME 13. NAME	arteroxlensis 1935
W. BIRTHPLACE (city or town)————————————————————————————————————	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State-or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Offerd Mid. Date 9/2 1, 1954	Manner of injury
19. UNDERTAKER CHILD CONTROL (Address) Early (19.34 January 19.34 January 19.34 Registrar.	24. Was disease or Injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II	
The principal cause of death of importance were as follow	vs:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 3 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	The Box	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09460
1. PLACE OF DEATH	(122-8)
County / albat 60	Registration Dist. No. 290
Village or City Esston	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 64 yrs. 9 m	
2. FULL NAME fatol Duly on	
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hendrella Mohaon	22. 9 HEREBY CERTIFY That I ettended deceased from 9 20 1934, to 9 27 19 34
6. DATE OF BIRTH (month, day, and year) DOR 20 - 1869	I last saw have alive on 9/27, death is said
7. AGE Years Months Deys If LESS than 1 day, hr	to have occurred on the date steted above, at
Virade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Valvulus 1/25/37
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and 15" Consumption occupation was been been been been been been been bee	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (aslow (State or country)	3 stagme 4 noushon
13. NAME Jalole Wohnon	
14. BIRTHPLACE (city or town) Bally (State or country)	Name of operation
1 (State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME College Hamo	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Gasloss	Accident, sulcide, or homicide?
17. INFORMANT (As haffie Cohfee at a second of the case of the cas	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury
Place Killsandson Com: Data Ret. d. 193	Neture of injury
19. UNDERTAKER Joseph Allewart. (Address) Calinhum and	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED 9-29, 19.3 P. 71. H. Mevin Registrar.	(Signed) Harloger of 1994 " MI
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Lation MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully, the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	$July\dot{S},1927$	Peritonitis	3 days ago
BURGALI V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(113)
County allo	Registration Dist, No.
Village or City Cashos	Mo. Commed in a hospital or institution, give its NAME instead of freet and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jackie Elying	1
(a) Residence: No. Leaston Wid	St. Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH
Male While saugh	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Felo. 8, 1933	I last saw h_Lass_alive onSept. 1,19.34; daath is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Tools and in the state of the	Entero colitio Datarofongot
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	4.21.7.7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date dacesed last worked et this occupation (month and year)	
£ + · // + 1 ·	Other Contributory Causes of importances
12. BIRTHPLACE (city or town) Castry / Deputal (State or country)	JOSTUM 9/5/34
13. NAME /JEANNELL & L. Louis	
13. NAME /Leman Ebushud.	
(State or country)	Name of operation Data of
15. MAIDEN NAME Ely a tiefe Jackson	Whet test confirmed diagnosis? Was there an au'opsy? 23. If daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Jackson. 16. BIRTHPLACE (city or town). Lilyussiass.	Accident, suicide, or homicide?
(State or country)	Whare did injury occur?
17. INFORMANT Frie Ida Jackson	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Vighman mg.	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Ilghuan Oate Dept 11, 19.3+	Neture of Injury
19. UNDERTAKER Junan & Namaion	24. Was disease or injury In any way related to occupation of decaased?
(Addrass) At. Wesh green Ind.	If so, specify
20. FILED 9/11 1934 M. Merry	(Signed) Las h-15- Johle M.D.
Registrar.	(Addrass) Castry Jind,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09462
1. PLACE OF DEATH	
County 1010015	Registration Dist. No. 290
Village or City (actou Md.	" P man a all all His aid al
(If	death occurred in a hospital r institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME DAVY TOWN TOWN	
(a) Residence: No. Inthuau, MA.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	if nonresident give city or town and Stale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (gerice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of July	22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 26-1934	liast saw h alive on Sept. 26 , 1924; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1120 a.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Data of onset
kind of work done, as SPINNER, NWE, SAWYER, BOOKKEEPER, etc.	Stiller 9-26
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year)	
CA	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME REDORN FAIR TAIN	Johnin of pregnancy 9.17.3
14. BIRTHPLACE (city or town). Mi Huuu, Md.	22 - 0 5 T. T
(State or country),	Name of operation manual Extraction Date of 9-26-3.
15. MAIDEN NAME ROLLING REPOS	What test confirmed diegnosis? Was there an europsy? 740
16. BIRTHPLACE (city or town) Quinagolis, Md. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
Walan Friedrick	Where did injury occur? (Specify city or town, county and State)
(7. INFORMANT 1004 1000 1000 1000 1000 1000 1000 100	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Noton Md Pate Xept. 26, 1934	Nature of Injury
19. UNDERTAKER S MUQUUS STSPI tal	24. Wes disease or injury in any way related to occupation of deceased?
0 51150 9/96 2V ny no	If so, specify (Signed)
0. FILED 7-12 (6 1934 - 1-12 / LUNCHS Registrar.	(Address) Saston 2nd.
If more blanks are needed address State Periotres	V. N. Charles Court Publish P. W. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of-epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

1. PLACE OF DEATH	(47)
County Jacket	Registration Dist. No. 290
Village or City Carlin	No. Carlon Energeney At oap. Ward death occurred in a horpital or institution, give its NAME instead of street and propher)
	3. ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME The man Faish	auss:
(a) Residence: No. William and (Usual place of abode)	Ast Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Me Tulson Tarsaile	22. I HEREBY CERTIFY That I attended deceased from 1924, to Start 26, 1934
6. DATE OF BIRTH (month, day, end year) Feb. 17. 1916	I last saw hold alive on Sept. 246 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
18 67 9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	- A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	o Karin of pregnancy 9-17:8
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceesed last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 24KS	
12. BIRTHPLACE (city or town) Asmaplia Ind.	Other Contributory Causes of importance:
(State or country)	
13. NAME Wm. 1	
4. BIRTHPLACE (city or town) langle confidence (State or country)	Name of operation Manuel Sattraction Date of 9-2 6-3 What test confirmed diagnosis? Classification Was there an au'opsy? 2-2.
15. MAIDEN NAME Ruth Karry	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The analysis	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Decreases & Harrison (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wittman md Date Supt 28, 1974	Manner of injury
19. UNDERTAKER HELWYAM & Harrison (Address) St. Michaelex Ind.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 9/27 , 1934 / JV Mare & Registrar	(Signed) — M. D. (Address) Easther med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address)

Statement of occupation:—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
Gausiones	May 1,1923	Спавичения	

should state of OCCUPA-

1. PLACE OF DEATH	03400
County	Registration Dist. No. 291
Village or City St. Michaels	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Anna free Ho (a) Residence: No. St. Michaelb M (Usual place of abode)	Sler Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SELT. 22 (Year)
5a. If married, widowed, or divorced HUSBAND- of M. Willdin Hoster (or) WIFE of M. Willdin Hoster	22. Sefit. 20 1934 to Sefit. 22 1934
6. DATE OF BIRTH (month, day, and year) Llec. 10, 1833	I last saw here alive on Sefer. 22, 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
, 100 9 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	00
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et. this occupation (month and	Chowe Rephretes
11. Total time (years) this occupation (month and year)	
Last Alesta	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	SEMIL.
13. NAME William Green	Joranna
13. NAME William Green 14. BIRTHPLACE (city or town). Standanoval.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 272
15. MAIDEN NAME Phoebe Hatton 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town) (State or country) State or country)	Accident, suicide, or homicide?
17. INFORMANT Low low of taster (Address) It mishaela mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Bultimens and Date Sept 24, 1934	Manner of Injury
19. UNDERTAKER J. norman Murshall (Address) I It michaels med	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Sept 24, 1934 John Humales	(Signed) Astrofit M.D. (Address) Astronomy M.D.
decal registrar.	" (NUU1003)

STATE OF MARYLAND-CERTIFICATE OF DEATH

MARK

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis,	1921	Run over by street ear	1 week ago
Cerebral hemorrhage *	July 5, 1927	Peritonitis	3 days ago
0			
Other contributory causes of importance:		Other contributory causes of importance:	. 117
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FOR FURTHER STATEMENTS BY PHYSICIA	STATEMENTS :	FURTHER	FOR	SPACE	ADDITIONAL
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V. S. No. 1 N. B.—I

STATE OF MARYLAND	CERTIFICATE OF DEATH US455
County Teacher Jalla	Registration Dist, No. 290
477	
Village or City	
> 1, e,1	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME CHARLES Suys	see Caroline
(a) Residence: No. (Usual place of abode)	O . LIST. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	
5a. If married, widowed, or divocad HUSBAND or (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug, 262 /	90 81 last saw Lr. aliva on Oskplimbry 8, 19-34; death is said
7. AGE Years Months Days If LESS to	10 Mart 100 Mile and Stated Sport, St. 123-130-111.
2-6 / o 1 day,	were follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc.	Des Enterio Fluer July 25/2
9. Industry or business in which	Octo Cardian Failure & to
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	and minuted funder
10. Date deceased last worked at this occupation (month and year) spent in this occupation	7.2.3
£1.00.0	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Allestore (State or country) Character Country)	
	- Crawy
14. BIRTHPLACE (city or town) / Lellaboro	
[14. BIRTHPLACE (city or town)	Name of oparation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Josuphine Nouve	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / fillsbood	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT John Teleson Ties (Address)	(Specify city or town, county and State) Composity whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Delaudlaun Data eftil, 19	A
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 9/10, 19 34 M. Merrer Registre	(Signed) A. C. Yelwram M.D.
	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: **Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAL Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(128)
county Jacket:	Registration Dist. No. 290
Village or City Earthus	No. Emurgences Horsen Tulward
Langth of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Desiry Syrce	Caroline
(a) Residence: No. (Usual place of abode)	A.S., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 8 193 4
5a. If merried, widowad, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 10, 1900	I last saw harm alive on SEDA 1934 doeth is said
7. AGE Yaars Months Deys If LESS than	to heve occurred on the dete stated abova, at
34. 6 2 or min.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:
8 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ciente Vangrelites 8/22/30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Bound Autriction allian
13. NAME toward Sioce	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. BIRTHPLACE (city or town)	Neme of operation Chellage Talony C drawing Date of SAA 24
(State of country)	What tast confirmed diagnosis? Clusted Was there an au'opsy? 24
16. BIRTHPLACE (city or town)	23. If death wes dua to external causes (VIOLENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT () De Carrelago (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1934	Natura of Injury
19. UNDERTAKER R. B. Rawlings	24. Was disaase or Injury In any way ralated to occupation of daceased? 200
(Addrass) Greens buro Mid:	If so, spacify
20. FILEO 7/8 , 19 34 M. Deres Registrar.	(Signed)

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Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ·		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	067-8	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	THE BUSINESS			
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PIIYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. WITA -WRITE PLAINLY, V. S. No. 1

m ż

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19468
1. PLACE OF DEATH	8)
County Jallot	Registration Dist. No. 2-40
Village or City Easton R. D. 2nd Chapel	ND. St., Ward
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ida lo. Hodge	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Colored. OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorus F. Hodge	22. I HEREBY CERTIFY, That I attended deceased from 22. 1934 to AA 15.1935
6. DATE OF BIRTH (month, day, and year) Mar 9th 1881	Hast saw h Walive on Jehn 17 19 3 Ydeath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12,36 ft.m.
50 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Carolysis- Glosso-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (morth and	X 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2
- I this occupation (month and spoint in this	Journal of the state of the sta
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
7/144	
13. NAME / CULTY / STORE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) JULY Podd (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) that Port	Accident, suicide, or homicide?
(State or county) They be mid.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT doing H, Hodges	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Med Date 9-19-34	Manner of injury
19. UNDERTAKER John D. Welliams	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9-15, 19 34 M. A. Pleville	(Signed) Ames B. Menus & M. D.
Registrar. If more blanks are needed address State Registrar.	(Address) 2411 N. (barles Street, Baltimore, Requesting U. S. No. 1.

Ar. m. witt

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Example I	distance	Example II		
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
guide 49 V		1 224 1244 1		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		THE OWNER WITH THE PERSON OF T		

×	item of infor-	should state	of OCCUPA-		
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WI'L UNFADING INK-THIS'IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
S. No. 1	L-WRITE PLAINI	mation should be	CAUSE OF DEAT	TION is very imp	
02			1	-	c

6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I dey, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, sawyter, BDDKKEPFER, etc. 9. Industry or business In which work was done, as SPIK MILL SAW HILL BANK, etc. 10. Date deceased lest worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) Mame of operation. Name of operation. What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following:	STATE OF	MARTLAND-	CERTIFICATE OF DE	AID UUTUU
Village or City. St. Ward Color of residence in city or town where death occurred. St. Ward St.	1. PLACE OF DEATH		2.7	1 dx
Langth of residence in city or town where death occurred. D. yts	County Palfol	X -	Registrati	on Dist. No. 4
Langth of residence in giv or town where death occurred. \$\frac{1}{2}\text{.mos.}\$ \$\text{.mos.}\$ \$\text{.mos.}	Village or City	aslow	No.	
(a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WINDWED, OR BUNCKED S. HI married, wildweed, or diversed 1. DATE OF DEATH S. HI married, wildweed, or diversed 1. HER BEY CERT IF Y That I attended deceased from 1. HER BEY CERT IF Y That I attended deceased from 1. John Color on particular 2. John Color on p	Length of residence in city or town where death of	1		
(a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WINDWED, OR BUNCKED S. HI married, wildweed, or diversed 1. DATE OF DEATH S. HI married, wildweed, or diversed 1. HER BEY CERT IF Y That I attended deceased from 1. HER BEY CERT IF Y That I attended deceased from 1. John Color on particular 2. John Color on p		Nerman 5	Nostrus	
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5. If matried, widowed, or divorced (Act) WHESAND of (Ac			21. DATE OF DEATH	f 19 met
## 15. MAIDEN NAME ## 15. MAIDEN	Mule while		(Norhth)	(Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	HUSBAND of	1/1/	22. A LHEREBY CERTI	F Y That Lattended deceased from
TAGE Years Months Days If LESS than 1 Idey	(ar) Miles - pace / fo	You Thus		195×194 1034
7. AGE Years Months Days If LESS than Idey, hrs. or. min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows Save twee done, as SPINNER, SAVEE, BDDKKEPER, etc. Save twee done, as SILK MILL BURNERAL CAUSE OF DEATH end related causes of importance were as follows It. Total time (years) spant in this occupation Spant in this occupation Deter Contributory Causes of Importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows It. Total time (years) spant in this occupation Deter Contributory Causes of Importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows It. Society or town Deter Contributory Causes of Importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows It. Society or town Deter Contributory Causes of Importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows Determined the principal causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows Determined the principal causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows Determined the principal causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows Determined the principal causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related causes of importance The PRINCIPAL CAUSE OF DEATH end related cause	6. DATE OF BIRTH (month, day, and year)	16/199	I lest saw h tuelive on file	PW/ 1937; deeth is said
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17. INFORMANT	(State or country)	19	Where did Injury occur?	w or town county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Manual Date 1/3/, 19.34 19. UNDERTAKER (Address) 20. FILED 9/22, 19.34 (Signed) (Signed) (Address) (Address) (Address)	17. INFORMANT STALL A J	+ opkins	Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
Place		Tud		
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	13 to mad	a/a 103.		
19. UNDERTAKER (Address) 20. FILED 20. FILED (Address) (Signed) (Address) (Address) (Address)	Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1924	Nature of injury	
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20. FILED	(Address) Caston	nnia .	1000	Parter.
	20. FILED 7-129 19-34	N. /lerus		I'm med M.
	If more blank			No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF DEATH	14/11
1. PLACE OF DEATH		
County 10100	Registration Dist. No. 290	7
Village or City Zastow, INIA.	No COMPACILLY HOSPITAL SE	Ward
102	If death occurred in a horpital or institution, give its NAME instead of street and aum osds. How long in U.S. if of foreign birth?mosmos	ber)
SVI ALLE WILLIAM IN	now long in 0.5.11 of loreign birth?yrsmos	ds.
2. FULL NAME 11111 (1111 A) 110 D(1)1		
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and Stat	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	te
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()	.4
OR DIVORCED (write the word)	Sightwirth 7 19	3.4
5e. If merried, widowed, or divorced HUSBANO of	(Month) (Dey)	(Year)
(or) WIFE of	22. O I HEREBY CERTIFY, That I attended dece	eased from
0 , - "	2197. 4 61934, 10 260T.	1954
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Oave LIFES than	I last saw h_VVV alive on SCPA., 1934; de	eath is said
7. AGE Yeers Months Oays II LESS than I day,hrs	to have occurred on the date stated above, andm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8 Trade profession or particular	Were sollows:	ate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, CARE SAWYER, BOOKKEEPER, etc	Jugaray well symm	7/3/54
< 9. industry or business in which	The factorial Things	7/3/54
work was done, as SILK MILL, SAW MILL, BANK, etc		
This occupation (month end Spant in this		
year) occupation	Other Contributes Canses of importance:	1
12. BIRTHPLACE (city or town)	white continues of importance.	281,
(State or country)	-	1-2-66-7
13. NAME WM. D. Tulland. 14. BIRTHPLACE (city or town)	A	/
14. BIRTHPLACE (city or town)	Neme of operation Reput 2 Was drawing Dete 9	NA
(State of country)	What test confirmed diagnosis? A Mulicular Was there an au'op	sy? 20
15. MAIOEN NAME & Local Moore 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT 20. 21. The board	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL		
Piace Qual Octo 9/11 193	Menner of injury	
0010-11, 190-1	Nature of injury	
19. UNOERTAKER JOHN ON (10 DEC 1 P. O.	I no man at the second	
X	24. Was disease or injury in any wey related to occupation of deceesed?	
(Address)	If so, specify	
X The state of the		M _D D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. (. A 19 6)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU W. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

09471

1. PLACE OF DEATH	92:00)
County Tallot	Registration Dist. No. 293
Village or City Kean Rondowa	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
CB	death occurred in a horpital or institution, give its IVAIVIE instead or street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selece least for	- LLO
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND OF (or) WIFE of Charles Joues Seed	22. 1 HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 44/1/62 7. AGE Sayaars Months Days If LESS than I day,hrs. orhrs.	to have occurred on the date stated above, a Last Sale m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or country) (State or country) (State or country) (State or country)	Poursons
13. NAME Jorge 13 Lector 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAME Margard & Clayton 16. BIRTHPLACE (city or fown) (State or country) 17. INFORMANT Margard Carl Saulabury (Addrass)	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Las love and Data 9/28, 193.5	Ivatura oi injury.
19. UNDERTAKER COM TON TON OF COMPANY OF THE PROPERTY OF THE P	24. Was disease of third any wey related to occupation of deceased? (Signad). (Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVE		The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I PROPAUV. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09472
1. PLACE OF DEATH	(108)
County Jalbot	Registration Dist. No. 290.
Village or City Censton	No. Comergency Hospital St., Ward
Length of residence in city or town where death occurred we me	death occurred in a horbital or instrution, give its NAME instead of street and number) 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Norman Edward MC	Clam 0 (1)
(a) Residence: No. Souther ile. M.S.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAVORCED twite the word)	21. DATE OF DEATH (Month) (Day) (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
G a long	51/1.0 ,193, to Sept. 6 ,1934
6. DATE OF BIRTH (month, day, and year) and 3 - 1922 7. AGE Years Months Days It LESS than	1 last saw hacked alive on 19.34; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were astollows: Date of onger
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Japanener Telpherens 4/3/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spart in this occupation corupation	
12. BIRTHPLACE (city or town)	Other Contributory Couses of Importance:
(State or country) Delaware	Bulle Rt 8/30/e
13. NAME Seo S. Mc Clain	(2) Premoring lobal lower 9/5/200
13. NAME Seo A. Mc Class 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Pleuco Photolotory & Was there an au'opsy? Ko
I 15. MAIDEN NAME Wall wary	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME addie Ivory 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT Leo L. M. Clam (Address) Cantrevolo Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Journality Del Carolina Date 197, 9, 1934	Nature of injury
19. UNDERTAKER Lesty Jameses (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9/2 , 1934 7 A: Newics Registrar.	(Signed) / A Holle M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	(159)
County / act of	Registration Dist. No. 4290
Village or City Conton	Notheralus, theritales ward
Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (humaned) his	elikus.
(a) Residence: No. Swoton, md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 29 193 (Month) (Day) (Vas)
5a. If marriad, widowed, or divorced HUSBANO of	(100)
(or) WtFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 21, 1934	I last saw have alive on Sept. 29 1937 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1212 2.m.
8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	memanure.
work was dona, as SILK MILL, SAW MILL, BANK, etc	
Spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Tromais Marlikas	
13. NAME Tracing Mulliture 14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
IS. MAIDEN NAME WOLL TOLL	23. If daath was due to external causas (VIOLENCE) filt in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT THE CALL TO THE CALL THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Mannar of injury
Place Oeta 1934	Nature of injury
19. UNDERTAKER CMERALLY 1 TUSP, TOU	24. Wes disease or injury in any wey raiated to occupation of deceased?
(Address) Couston, Ma	if so, spacify
20. FILEO 9/29 , 19-34 Devices	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N

N. B.

should state of OCCUPA-

1. PLACE OF DEATH		
County Talbor.	(210-m) 20A	
7	Registration Dist. No. 490.	
Village or City Earlon:	No. 2 11111 (If death occurred in a horpital or institution, give in NAME inspect of street and number)	Ward
Length of residence In city or town where death occurred	mos. 4 a. ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME The onolis My	118111	
(a) Residence: No. M. Ch. Daniel M.	d or ward	
(Usual place of abode)	/St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work		۷.
5a. If married, widowad, or divorcad	(Month) (Day) (Yaal	r)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased	
6. DATE OF BIRTH (month, day, and year) Now 29, 190	, 19.7, to , 19.3	34
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS th.	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s sald
33 Runner of 10 ldey,	The state of the date stated ebote, at - 20 - 11.	
J J 4K S Or min.	ware es follows:	onset
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc. Salvana	Fat Embol a	
Sindustry or businass in which	Tall Embolus 9-9	-34
work wes dona, as SILK MILL, SAW MILL, BANK, etc		
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work wes dona, as SILK MilL, SAW MILL, BANK, etc. 10. Oate decesad last workad et this occupation (month and spant in this		
year) occupetion		
12. BIRTHPLACE (city or town) Medal	Other Contributary Causes of Importance:	23 .
(State or county)	Could and to like the	
13. NAME Puth murry	Caused by an automobile maidenta	
14. BIRTHPLACE (city or town) / allotte Ch		
(State or country)	Name of oparation Dete of Whet test confirmed diagnosis? Was there an eu'opsy?	
15. MAIDEN NAME Pashael Mordy	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Bayusa C. (Stete or country)	Accident, suicide, or homicide? Accident. Data of injury	
(Stele or country)	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT Achail Mary (Address) Me Daniel Gid	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL.	Mannar of injury Outomobile accident.	
Place I. C. Mansuf . Date Defet 1 , 193	Neture of injury	
19. UNDERTAKER & Norman Muskail	24. Was disease or injury in eny way related to occupation of decaasad?	
(Addrass) At Mulisely My	If so, specify	
20, FILED 9/10 19 24 N. H. Meisi	(Signed)	M D
Evilled - Jan	(Address) East mad	m. D.

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Cerebrat hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

80	60	18	101	D	-
U	J	4.		0)
		-			

1. PLACE OF DEATH	<u> </u>
County Salval	Registration Dist. No. 292
Village or City Was draffe	No. St., Ward
1/ 1/	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mushaul hushaul	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH SELT 7 193 4
() Simples	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceesed from
(or) WIFE of	Sept 7 1934 to Sept 7- 1934
6. DATE OF BIRTH (month, day, end yeer)	I last saw h alive on 19 deeth is seld
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Treda, profession, or perticular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Treample Harry
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Deto deceased lest worked at 11. Total time (years)	J. W. W. J.
10. Deto deceased lest worked at this occupation (month end spent in this	
yeer) occupation	
12. BIRTHPLACE (city or town) New Durice	Other Contributory Causes of importence:
(Stete or country)	
13. NAME Harry Principal	
13. NAME Having Typunohau 14. BIRTHPLACE (city or town) law June	Neme of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
15. MAIDEN NAME (Dertha, Durla, Dulla, deiles	
	23. If deeth was dua to externel causas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7 1/15	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR PEMOVAL	Manage of failum
Place Mas Fiame Dete Sept 7 1934	Manner of injury
7/06 0	Neture of injury
19. UNDERTANCE ATT MUSTIAN	24. Was disease or injury in any way releted to occupetion of deceased?
(Address)	If so, specify
20. FILED SUM 9, 1934 True as Costo	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Įį.	Example II	
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Chronic interstitial nephritis	1921	Run over by street chr	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis 4	3 days ago
		WG3V130381	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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11 11/11	
09476	

1. PLACE OF DEATH	(37)
County Jacket	Registration Dist. No. 290
Village or City Easter	No. Emergences Horsestal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7. /// / 100	S. ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME MILLIAMS	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 8 193 4 (Year)
5a. If married, widowed, or divorced HUSBANO of	(100)
(or) WIFE of Our a C. V. The	22. I HEREBY CERTIFY, That t ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 21 1852	I tast saw h MM. alive on ARDT. 8 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 10 15 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca
8. Trade, profession, or particular kind of work done, as SPINNER.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ipdustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Urius, 96/34
10. Oate deceased tast worked at this occupation (month end	
year) occupation at 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	7
	Styles Prostate
E CHINA PERCENTAGE	turner ordrullion
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation And the Colored Oate of 9
15. MAIDEN NAME & mily adbress	What test confirmed diagnosis? Was there an au'opsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT MW David Followed (Address) Bayman Ma	(Specify city or town, county and State) *Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mt. Metaller Oate Stept 102, 1931	Neture of injury
19. UNDERTAKER Meunam & Warrison	24. Was disease or injury in eny way related to occupation of deceesed? 2
(Address) It michael med	tf so, specify
20. FILEO If 8 , 1937 / A · Floring Registrar.	(Signed) M. O. (Address) 6 aylare hit
Aegistrar.	(Audiess)

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1916	Attack of epitepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	(120)
County tallet	Registration Dist. No. 24
Village or City New Oxford	No
Langth of rasidenca in city or town where death occurred yrs	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mary Omily Richard	edron
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attandey dacaasad from
(or) WIFE of Wleskarder (relandson	Chynn 19 - (1934 to 1 Deft 57 , 1934
6. DATE OF BIRTH (month, day, and yaar) Wr. 27-1856	I last saw h aliva on 1934; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs	
8 Trada profession or particular	wara as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	0 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at spis occupation (month and last and last and last accessed last worked at spis occupation (month and last and last accessed last worked at spis occupation (month and last accessed last worked at last accessed last accessed last worked at last accessed last a	Cloude Colled and 17 34
yaar) occupation occupation	Othar Coutributory Causes of importanca:
12. BIRTHPLACE (city or town).	
13. NAME 14. BIRTHPLACE (city or town) (State of country)	Nama of operation Data of
(State of Country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Marilia Plummed 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
17. INFORMANT TWO & Concraw Conford and	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pyton Cercelly Date Sut 7 1934	Manner of injury
Place Date 1997	Nature of injury.
19. UNDERTAKER Maurie Thenzay Ton	24. Was disaase or injury in any way related to occupation of dacaasad?
(Address)	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-0
County - TALBOT CO.	Registration Dist. No. 290
Village or City	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 2.3 ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME JOHN HENRY PILEY	
(a) Residence: No. 437 HANSOIV (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH SEP 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of IDA W RILEY	22. I HEREBY CERTIFY. Thet I attended deceesed from 1934, to Defect 1934
6. DATE OF BIRTH (month, day, end year) 1853, Lec. 8	I last saw h. line alive on Separation 250, 1934; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated body, at \$20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wester as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation.	-Coarcinoma of the Vaccreas 1933 with invelopment of biliary track Fracture course by accidental felly on slip- fery parement cups Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ONANCECM (State or country) ACCOMAC CO. VA.	Julia Caf sular Fracture of hip (right), Mar 8/34
13. NAME PAYMOND R. RILEX 14. BIRTHPLACE (city or town) ONANCOCK (Stete or country) ACCOMACK CO VA.	Name of operetion Date of What test confirmed diegnosis? Wes there an eu'opsy?
15. MAIDEN NAME MARGARET SNEED 16. BIRTHPLACE (city or town) WHITE VILLE (State or counity) LANCASTER CO. VA.	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident Dete of Injury Mosch 326, 19-34. Where did Injury occur?
17. INFORMANT CORA W. RILEY.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place SALIS BURY Date SEP. 27,1934	Manner of injury Falls on slippery pavements. Nature of injury
19. UNDERTAKER TAS. A. SPENCE (Address) EASTON IMD. 20. FILED 9 26, 19 34 Market Registrat.	24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify Signed Allian S. Alymour M.D. (Address) Early M.A.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	· Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RUDGALLY	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year
	and special and			
		1		

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V S	V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	V.S. No. 1 MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY WITH HARDING INK. THIS IS A PERMANENT RECORD	FOR BINDING
mation should be ca	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	stated EXACTLY. PHYS
CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	properly classified. Exact st
TION is very impor	TION is very important. See instructions on back of certificate	cortificate

7. AGE Years Months Dews If LESS than f day,hrs. ormin. 8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEPER, etc 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Totel time (yeers) spent in this occupation (month end g/n/34). 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME Occupation (Month of grant of the dete steted above, et. 8	448
Village or City. No. Off death occurred in a horpital or institution, give its NAME instead of street and number of the control of the cont	OYU
College of personal and street and number of the street and number of t	30
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced (or) wile of a spinle of the second of the dete steled above, et. 2. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deve It LESS than if day, hrs. of day min. 8. Trade, profession, or perticular Kind of work done as SPINKER SAWYER, BOOKKEPER, etc.	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wire the word) OR DIVORCED ("wire the word) Se. If married, widowed, or divorced ("or) wife of grain of the property of the word) Se. DATE OF BIRTH (month, day, end year) 7. ACE Years Months Devs If LESS than if day,	d
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGE, MARRED, WIDOWED, OR D. YORCED (*write the word) Se. If married, wildowed, or divorced ***GOV WIFE OF ***GOV WI	
3. SEX 4. COLOR OR RACE OR DIYORED (work the word) 5. SINGLE, MARRIED, WIDOWED, OR DIYORED (work the word) 5. Il married, widowed, or divorced (or) vile of January 19 January	ite
Se. If married, widowed, or divorced WESCAND of ON WIFE of S. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Devs If LESS than If day, hrs. or min. 8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Indoors in which work was done, as SILK MILL, SAW MILL, BARK, etc. 11. Totel time (yeers) spent in this yeer) SETHPLACE (city or town) (Stete or country) West dear of operation. Neme of operation. Date of injury. West there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In aiso the foliowing: Accident, suicide, or homicide?. Dete of injury.	
56. DATE OF BIRTH (month, day, end year) 7. AGE 8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Indostry or business in which work was one as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed tast worked at this occupation (month end ph/34) 11. Totel time (yeers) spant in this occupation (month end ph/34) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. Mail attended decessed tast worked at this occupation. When of operation. Neme of operation. West there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. Dete of injury.	13
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deus If LESS than If day, hirs. or min. 8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEPPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed tast worked at this occupation (month end \$7\$/\$344	(tjeat)
TAGE Years Months Devs If LESS than f day,	eased from
8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed tast worked at this occupation (month end ph/34 occupations) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city gr town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 18. Trade, profession, or perticuler were as follows: 19. Indostruct Authority 10. Determine (yeers) spent in this occupation (month end ph/34 occupations) 11. Totel time (yeers) spent in this occupations 12. BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diagnosis? Wes there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In aiso the following: Accident, suicide, or homicide? Determine were as follows: 10. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Determine were as follows: 11. Totel time (yeers) spent in this occupation. 12. BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diagnosis? Wes there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In aiso the following: Accident, suicide, or homicide? Determine were as follows: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. Totel time (yeers) spent in this occupation. 18. Trade, profession. 19. Trade, profession. 19. Trade, profession. 19. Trade, profession. 10. Trade and profession. 10. Trade, profession. 10. Trade and profession. 11. Totel time (yeers) spent in this occupation. 12. BIRTHPLACE (city or town) 13. Trade, profession. 14. Trade profession. 15. MAIDEN ANAME 16. BIRTHPLACE (city or town) 17. Tr	eath is sal
8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceseed tast worked at this occupation (month end year) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. Maiden NAME 18. Maiden NAME 18. Maiden NAME 19. Maiden NAME 19. Maiden NAME 20. Maiden NAME 21. Maiden NAME 22. Maiden NAME 23. If death was due to externet ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed tast worked at this occupation (month end yeer) (Stete or country) 11. Totel time (yeers) spent in this 63 occupation (stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. Indostry Causes of importance: When of operation Whet test confirmed diagnosis? Wes there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In aiso the following: Accident, suicide, or homicide? Dete of injury.	ats of onset
f2. BtRTHPLACE (city or town) (Stete or country) f3. NAME f4. BIRTHPLACE (city or town) (Stete or country) Manual Manu	
f2. BtRTHPLACE (city or town) (Stete or country) f3. NAME f4. BIRTHPLACE (city of town) (Stete or country) Metalogy f5. MAIDEN NAME f6. BIRTHPLACE (city or town) (Stete or country) f6. BIRTHPLACE (city or town) (Stete or country) Metalogy f6. BIRTHPLACE (city or town) (Stete or country) Metalogy f6. BIRTHPLACE (city or town) (Stete or country) Metalogy f6. BIRTHPLACE (city or town) Accident, suicide, or homicide? Dete of injury	
f2. BtRTHPLACE (city or town) (Stete or country) f3. NAME f4. BIRTHPLACE (city of town) (Stete or country) Metale of operation (Stete or country) f5. MAIDEN NAME f6. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maiden Name 18. Maiden Name 19. Maiden Name 19. Maiden Name 20. If death was due to externet ceuses (VIOLENCE) fill In aiso the following: Accident, suicide, or homicide? Dete of injury.	193
13. NAME 13 PARTITION OF THE PROPERTY OF THE P	
### ### ### ### ######################	
### (Stete of country) Whet test confirmed diagnosis? Wes there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of injury.	
## (Stete of country) Whet test confirmed diagnosis? Wes there en au'o 23. If death was due to externet ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of injury.	
f5. MAIDEN NAME 23. If death was due to externet ceuses (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town) Dete of injury State or country	psy?
E (State or equative)	., 19
Where did Injury occur?	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	,
18. BURIAL, CREMATION, OR REMOVAL Piece Dete 9/14 , 19-3 9 Neture of injury	
19. UNDERTAKER CHIEF CHI	
20. FILED 1/14, 1934, J. L. Gardier (Signer) amels Messur 8	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes- as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonais	3 days ago	
	RUDGALLVE				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER STA	TEMENTS BY	Y PHYSICIAN
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V. S. No. 1

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ite	S	of			
RD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	149)		2. F
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<u>교</u>	sho	OF	s ve	18.	BUR
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-Wh	mati	CAL	TION is very important. See instructions on back of certificate.	19.	ם מאט לינל
ņ				C	TU

		OF MAR'	YLAND-	CERTIFICATE OF DEATI	H = 09481
1. PLACE OF DE	ATH	-		<u> </u>	10.
County // O	but			Registration Dist.	No. 790
Village or CityC	actus		(1)	death occurred in a horpital or institution, gife its NAME ins	DSt.,Ward
Length of residence in	city or town where	death occurred	yrsmos		yrsds.
2. FULL NAME	trelus	Thomas			
(a) Residence: No.				St., Ward.	
		(Usual place of			city or town and State
PERSONAL A				MEDICAL CERTIFICATE OF	DEATH
_ 7	Thate	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowed, or d HUSBAND of (or) WIFE of	vorced			22. HEREBY CERTIFY.	
6. DATE OF BIRTH (month,	lay, and year)	1+ 96	2 u		, 19; deeth is said
7. AGE Years	Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 10	m. importance
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Date deceased last work this occupation (a bit occupation	e, as SPINNER, EEPER, etc in which			Alortion incompte	Date of onset
IO. Date deceased last we this occupation (nyear)	orked at	11. Total tin	ne (years) t In this pation		
12. BIRTHPLACE (city or town (State or country)) <u>E</u>	aton	Δ	Other Contributory Causes of Importance:	
13. NAME NINGE 14. BIRTHPLACE (city or	town)	my for A	Vyer	Name of operation.	Data of
(State of Country)		me la.	2	What test confirmed diagnosis?	
15. MAIDEN NAME	rie for	ue Th	mas.	23. If death was due to external causes (VIOLENCE) fill in a	
15. MAIDEN NAME 16. BIRTHPLACE (city or (State) or country.		line Co	Medi	Accident, suicide, or homicide? Date of	of injury, 19
17. INFORMANT Lis (Address)	mie, Jo	m Th	Widael.	(Specify cily or lown, Specify whether injury occurred in INDUSTRY, in HOME, o	r in PUBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL	Date 9/39	LE et	Menner of injury	
(Address) Ton	ton ton	nd Hos	pital.	24. Was diseese or injury in any way releted to occupation of	of deceased?
20. FILED 29	19 34	n-H.m	eveis Registrar.	(Signed) 20 Co.	ind.
	If more	blanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Secretary S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. **JARGIN RESERVED FOR BINDING** TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(75)
County Tacket	Registration Dist. No. 298
Village or City Earths.	No. Could gless Cylotheless Ward death occurred in a horpital or institution, give NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME My Loseph & Furis	
(a) Residence: No. Chailonne	Mark. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Made white Widower	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of PO	22. / 1 HEREBY CERTIFY. That I attended deceased from
Blacks Mellenger	Sept. 17 ,1934, to Sept. 19 ,1944
6. DATE OF BIRTH (month, day, and year) Chril 22 018 56	I last saw hersen alive on 9/19/54 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.50 m.
58 59485. 4 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were estollows:
8 Trade profession or particular	Sastrolay electrolis Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rolet - nuce 3/1/201
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
71.00 + P.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	It yes leased
N 190	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) U	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
H 15. MAIDEN NAME The Lew Reup	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Services 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LEGINARY TARRESTERS (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. michaela Date Vept 21, 1934	Nature of Injury
19. UNDERTAKER Newpann & Horrison	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Vot. michaeler and.	If so, specify
20. FILED 9/20 , 1934 Merres Registrar.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	ţi	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
007 6 394				
11		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY, WIT.

V. S. No. 1

STATE OF MARYLAND	CEPTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH (1345)
11 014.7	50)
County Salbot	Registration Dist. No. 40
Village or City Euglos (1	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birth? yrsds.
2. FULL NAME Cleving M. Wo	ellace
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word)	21. DATE OF DEATH Select 13th
Hemale Will Ibrdow	(Month) (Day) (Year)
5a. If married, widowed, as divorced HUSBAND of (or) WIFE of Levented Thellace	22. I HEREBY CERTIFY, That I attended deceased from
(OI) WITE OIL TO COLORED	June 1 ,1933, to Sept 13 ,1934
6. DATE OF BIRTH (month, day, end year) 200 14- 1843	I last saw half alive on Seft 13, 193 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
90- 9- 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewelfo SAWYER, BOOKKEEPER, etc.	Caremone of Breast at 1928
SAWYER, BOOKKEEPER, etc.	/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
0 10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Sheffuld	Other Contributory Causes of Importance:
(State or country)	
13. NAME Cleas Barker	
13. NAME Cleas Barbler 14. BIRTHPLACE (city or town)	Name of operation. Zune Date of.
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or county)	Where did Injury occur? (Specify eity or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION_OR REMOVAL	Manner of injury
Pleca Easton Mid Date Dept 319 3	Nature of Injury.
John & Whilliand	
19. UNDERTAKER TOTAL TO COLLECTION (Address)	24. Was disease or injury In any way related to occupation of deceased?
914 34 78 1	(Signed) A M. C. Suveres M. D.
20. FILED 7 / 190 / Registrar.	(Address) Castry Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	15	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
/ ouses			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		MARKET THEREOLOGICE	

ADDITIONA	L SPACE FO	OR FURTHER	STATEMENT	S BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

N. B.-WRITE PLAINLY, W.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09434
1. PLACE OF DEATH	159
County Jachor.	Registration Dist. No. 2 90
Village or City Easton	No. Emergency Horp. St. Ward
Length of residence in city or town where deeth occurred hung Born mos	death occurred in a hospital or institution give its NAMP/instead of street and sumb as
2. FULL NAME Baby Warmer	
(a) Residence: No. Early Ind. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH S S 193. 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, I at 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 3 1934	I last saw hasin alive on Sugar 5 , 19.3 4; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et 102 Pm.
1 1 1 2 01 min.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date cromset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked et this occupation (month and	Conqueles a Calletti
10. Date decessed lest worked et this occupation (month and year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Easton, Ind. (State or country)	Other Contributory Causes of importance:
13. NAME 13. NAME Lasting. Warmer.	Iremalure,
14. BIRTHPLACE (city or town) Easters-	Name of operation
(State or country) Sautr, Ma.	Whet test confirmed diegnosis? Cluves Was there an au'opsy?
15. MAIDEN NAME Besse Hobelson 16. BIRTHPLACE (city or town) Easters	23. If death was due to externel causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Eastors	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Jacker. The	Where did Injury occur?
17. INFORMANT Joy Warner (Address) Fastor mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Page Books Date 9 19 19 19 19	Manner of injury
19. UNDERTAKER Jimes a Sfociece	24. Was disease or Injury In eny wey related to occupation of deceesed?
20. FILED 91.7 19-34 N.H. Neury	If so, specify (Signed) M. D.
Registrar.	(Address) Caston und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 B ż

should state

of OCCUPA-

1.	County Zalbox	Registration Dist. No. 290
2.	Length of residence in city or town where death occurred	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male - While OR DIVORCED (grite the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. DA	married, widowed, or divorced 1038/109-07 (or) WIFE of J. Ros Cov Wheele. TE OF BIRTH (month, day, and year) TE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY, That I attended deceased from 8 - 3 1 - 197 Y to 9 - 1 - 19 3 Y I last saw h 2 - alive on 9 - 19 3 Y; death is said to have occurred on the date stated above, at 10 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years) spant in this year) IRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: Syss
FAT	4. BIRTHPLACE (city or town) Carrole Co. had	Name of operation Date of What test confirmed diagnosis? Classical Was there an au'opsy?2
МОТН	16. BIRTHPLACE (city or town) Trustine town (State or country) Carrole Co. had	23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?
2	URIAL, CREMATION, OR REMOVAL Place Zeston, hel Date Sept 44,1994	Manner of injury
19. U	NDERTAKER Jas. Spence - (Address) Easton. m.d.	24. Was disease or injury in any way related to occupation of deceased? 200
20. F	ILED 9/4 , 1934 M. W. Deeres Registrar.	(Signed) M. D (Address) Santan June M. D

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH			(B)	0345
County Talkat			Registration Dist. No. 290	5
Village or City Eartis	1	//	No Menny / Youp - St.,	Ward
Length of residence in city of town who	ere death occurred		f death occurred in a hospital or institution, five its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	
2. FULL NAME	etus) 1	Vilso		
(a) Residence: No.			St.,Ward.	
PERSONAL AND STATIS	(Usual piace o		If nonresident give city or town and	d State
3. SEX A. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
Re 1		(write the word)	September J.2	, 193 4
5a. If married, widowed, or divorced		8	(00)	(Year)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year)	lest. 27, 19	34	I last saw h alive on Sunt 31, 19 3); death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Date of the A
8. Trade, profession, or particular kind of work done, es SPINNER,				Date of onset
SAWYER, BOOKKEEPER, etc	ngga un die bedeut det een uid d	regard	Lu la Cente affendicele	
SAW MILL, BANK, etc	I1. Total ti	me (years) It In this pation 4	1 modre	
12. BIRTHPLACE (city or town) (State or country)	quey ton	spital	Other Coutributary Causes of Importance:	*********
II 13. NAME Walter La	rule de	ma/		
13. NAME Water Sand	t Carely	yland	Name of operation Dete of What test confirmed diagnosis?	au'opsy? M
15. MAIDEN NAME Things	May Tuela	es l	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Taken	Melle, Il	narapland	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT UNINE Ship	on md		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	pate 91	1 193X	Manner of injury	
19. UNDERTAKER - ONLIGHTUS (Address) Actualy (Address)	Maspita	4	24. Was disease or injury in any way related to occupation of deceesed?	uð.
20. FILED 4 9 1, 19 34	1174.7	Uvul Registrar.	(Signed) frugther (Address) 6 gepton M	cl. M. D.
If m	ore blanks are needed, a	ddress State Registrar	2417 N. Charles Street Ralimore Requesting 71 S. No	7

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of of importance were as for		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	001 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	18	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Direction 1	July 5,1927	Peritonitis	3 days ago
	Common description of			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FI	URTHER S	STATEMENTS	BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	920
County & albst	Registration Dist. No. 290
Village or City o Vannue do	No a star st Ward
Length of residence in city of own where death occurred 25 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ALLEGE LEVOD	oltand
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write)	the word) 4 14 19524
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Louis less for a Do	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	46 liast saw h ll alive on Sept 14 1934: death is said
7. AGE Years Months Days If L 1 dey,	ESS than to have occurred on the date stated above, at D. J. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. were as follows; Date of onset Q-10-3:
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	
10. Date deceased last worked et this occupation (month engineer)	4 M
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Acute Cutte Little tis 9-1-34
(State or country)	
13. NAME Charles Wells 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Delila Sullivan	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) as a state of the	
18. BURIAL, CREMATION, OR REMOVAL Place Date 9/14	Manner of injury
Uate Uate	Nature of injury
19. UNDERTAKES ALLE ALLE ALLE ALLE ALLE ALLE ALLE AL	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9-15, 1934 N.H. Nevie	(Signed) Will Stevens M. D.
A STATE OF THE STA	Registrar. (Address)

V. S. No. 1

should state of OCCUPA.

Y. PHYSICIANS
Exact statement

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WI

1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WARRAN V. See	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	
	County albot	Registration Dist. No. 296
1	Village or City (II	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence In city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Character It Where	
19/9	(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I atlanded depossed from
ite.	6. DATE OF BIRTH (month, day, and year) 3/1/65	I lest saw help alive on Defate 15, 1932; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8 Trade profession or particular	arteris Sclerosis with reference
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this corruption (months and	distast
no	10. Data deceased last worked at this occupation (month and year)	Α
tion	12. BIRTHPLACE (city or town)	Other Contributory Conses of importance: Obriban Menery Lage 34742
instructions	(State or country) CE 13. NAME 13. NAME 14. NAME 15. NAME	41933
	14. BIRTHPLACE (city or town)	Name of a section
See	(Stata or country)	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy? Was there are au'opsy?
important	15. MAIDEN NAME // Cleur Deurs	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
port	O 16. BIRTHPLACE (city or towh) (State or country)	Accident, suicide, or homicide?
very im	17. INFORMANT Agest Wasser Down (Address) 7. as a second s	Where did Injury occur?(Specify city or town, county and State) Specify whather injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
is ve	18. BURIAL CREMATION, OB REMOVALE	Manner of Injury
TION	Place Pace 19 14 19 19 19 19 19 19 19 19 19 19 19 19 19	Nature of injury
TIC	19. UNDERTAKER AMARIA CONTRACTOR (Address) Eagle Mad	24. Was disease or injury in any way related to occupation of decaased?
)	20. FELET 9-15, 19. 34 11-74 Miring Registrar.	(Signed) Millians Dlymour M. D. (Address)

N. B.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IPFCFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 oct 6 1934	July 5,1927	Peritonitis	3 days ago
	The state of v. B.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			The first for the first of the second	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	NAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIA
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